

BODY & ENERGY

Yoga for Back Pain, by the Evidence

What 19 verified publications really say, and a gentle 12-week programme to practise safely at home



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Free sample

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Before you begin

This book is for people whose back hurts and who want to know, honestly, whether yoga can help, and how to practise it without making things worse. It is written from two places at once. The first is the yoga tradition as it is still taught along the Ganga at Rishikesh: patient, unhurried, attentive to breath, built on the principle of not causing harm. The second is the medical research: randomised trials, systematic reviews and clinical guidelines that have tested yoga for back pain on thousands of people.

These two places do not always speak the same language, and sometimes the research is less enthusiastic than the yoga world would like. You will find both here, side by side, without exaggeration in either direction.

It rests on three promises.

First, every claim about a benefit is sourced. When this book says that a trial compared yoga with physical therapy, or that a Cochrane review found a small effect, the study is named in the text and listed in full at the end with its DOI or PubMed number. Each reference was checked against PubMed before it was cited. Where the evidence is weak or mixed, you will read that it is weak or mixed. Where no study exists, the book says so and does not fill the gap with promises.

Second, safety comes before progress. The practice chapters are built around gentle, adaptable postures. Every posture comes with what to avoid and when to stop. Chapter 2, on warning signs, comes before any exercise, and it is the one chapter everyone should read.

Third, this is not medical advice. Yoga is studied for non-specific back pain: pain with no identified serious cause. A book cannot tell which kind of back pain you have.

See a professional first if your back pain is new, severe, getting worse, or followed an accident.

If you already have a diagnosis (disc herniation with nerve symptoms, spondylolisthesis, osteoporosis, spinal stenosis, recent surgery), show the programme in Chapter 6 to your doctor or physiotherapist before starting. If you are pregnant, ask your midwife or doctor; this book does not contain a pregnancy programme. In an emergency, call your local emergency number (911 in the US, 999 or 112 in the UK, 112 in the EU, 112 in India).

How to use this book

Read Chapters 1 to 4 once, even quickly: they explain what back pain is, which signs need a doctor, what the studies actually found and what can go wrong. Then use Chapters 5 to 8 as your practice manual. The programme in Chapter 6 runs over twelve weeks, because twelve weeks is the length used by most of the large trials described in Chapter 3. Chapter 11 contains a practice log you can print.

You will need: a non-slip mat or a rug on a firm floor, two firm cushions or a folded blanket, a strap or a long scarf, a sturdy chair without wheels, and a clear patch of wall.

Chapter 1. What back pain is, and what it usually is not

A very common problem

Low back pain is the single largest cause of years lived with disability in the world. That is the conclusion of the Global Burden of Disease study published in The Lancet Rheumatology in 2023: in 2020, low back pain affected an estimated 619 million people, and the authors projected around 843 million cases by 2050 as populations grow and age (GBD 2021 Low Back Pain Collaborators, 2023). The same analysis attributed a little under 40 % of the disability from low back pain to three risk factors: occupational factors, smoking and high body-mass index.

If your back hurts, you are therefore in very large company. This matters for two reasons. It means that a great deal of research exists. And it means that a great deal of commercial noise exists too: devices, miracle stretches, "one pose that fixes your back". This book stays on the side of the research.

Most back pain is "non-specific"

In 2018, The Lancet published a series of papers on low back pain. The first, by Jan Hartvigsen and colleagues, states that for nearly all people with low back pain it is not possible to identify a specific cause of the pain, and that only a small proportion have a well-understood pathological cause, such as a vertebral fracture, a cancer or an infection (Hartvigsen et al., 2018).

Doctors call the common kind **non-specific low back pain**. "Non-specific" does not mean imaginary, and it does not mean nothing can be done. It means that scans and tests do not show a single structure to blame, and that treatment focuses on function, movement and understanding rather than on "repairing" one part.

The same paper notes that most people with a new episode of low back pain recover quickly, but that recurrence is common, and that in a small proportion of people the pain becomes persistent and disabling. Factors linked with persistent disabling pain include high pain intensity at the start, psychological distress, and pain in several parts of the body. The authors also describe a growing body of evidence that the way the nervous system processes pain, and what people believe about their pain, play an important role.

Acute, subacute and chronic

Guidelines usually divide back pain by duration:

Term	Usual definition	What it means in practice
Acute	Less than 4 weeks	Most episodes improve within this period
Subacute	4 to 12 weeks	Still improving for many people
Chronic (persistent)	More than 12 weeks	The situation studied in almost all yoga trials

This distinction matters for yoga. The trials described in Chapter 3 were carried out in people with **chronic** non-specific low back pain. For a back that went into spasm yesterday, the American College of Physicians guideline recommends options such as superficial heat, massage, acupuncture or spinal manipulation, noting that most patients with acute or subacute low back pain improve over time regardless of treatment (Qaseem et al., 2017). Yoga is listed in that guideline among the first choices for **chronic** low back pain, not acute pain.

That does not mean you must lie still in the acute phase. The NHS advises people with back pain to keep active, carry on with daily activities as far as possible and avoid long periods in bed (NHS, Back pain, reviewed 5 March 2026). Gentle walking and the breathing and relaxation practices of Chapter 7 are usually suitable. The posture programme of Chapter 6 is designed for the chronic phase.

What the big guidelines recommend in general

The second paper in the Lancet series, by Nadine Foster and colleagues, summarised the international guidelines: first-line care is education that supports self-management and a return to normal activities and exercise, with psychological programmes for people with persistent symptoms, and "prudent" use of medication, imaging and surgery (Foster et al., 2018). The authors noted a gap between evidence and practice worldwide, with too much imaging, rest, opioids, injections and surgery, and too little of the recommended first-line care.

Yoga fits into this picture as one form of exercise. It is not a separate category of medicine. This is the honest frame for everything that follows: yoga is one good way among several to move a painful back, and its particular strengths are the ones the tradition has always claimed for it, slowness, attention and the union of breath with movement, rather than any special power over the spine.

A word on scans

Many people with chronic back pain have had an X-ray or MRI that mentions "degeneration", "bulging discs" or "wear and tear". The Lancet series authors identify an excessive focus on spinal abnormalities as part of the problem, and recommend reducing it (Foster et al., 2018). Discuss your report with your doctor, and do not let a word on a scan convince you that your spine is fragile. Unless a professional has told you to avoid specific movements, the spine is a strong structure designed to move.

Chapter 1 recap

- Back pain is extremely common; most of it has no identifiable specific cause.
- Most new episodes improve; recurrence is common.
- Yoga has been studied mainly for **chronic** non-specific low back pain.

- International guidelines favour staying active, exercise and self-management, with cautious use of imaging, drugs and surgery.

End of the sample

Thank you for reading this far. We hope these first pages already help your practice, and that they show how the rest of the book is built: clear steps, texts quoted with their source, nothing invented.

The full book has 40 pages.

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One-time payment, instant PDF.